MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05442

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Malvin (Last) Adams

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 29-1911

9. AGE last birthday: 38 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor-Janitor

10b. KIND OF BUSINESS OR INDUSTRY: St Georges church

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Warren Adams

14. MOTHER'S MAIDEN NAME: Blanell Purcell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs W Malvin Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 48 hours |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Malignant hypertension | 3 years |
| | (c) Chronic Nephritis | 20 mos |

331x
131b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1948, to 5/27, 1950, that I last saw the deceased alive on 5/27, 1950, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. J. Thompson M.D. Leonardtown Md 5/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 30-1950

NAME OF CEMETERY OR CREMATORY: Poplar Hill

LOCATION (City, town, or county) (State): Valley Lee Maryland

DATE REC'D BY LOCAL REG.: 5-29-50

REGISTRAR'S SIGNATURE: P.J. Beavy M.D.

24. FUNERAL DIRECTOR ADDRESS: Jos C. Mattingley Leonardtown Md

740 94

RECEIVED
JUN 1 1950
BUREAU OF

05443

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location) 16 - Coral place

3. NAME OF DECEASED (Type or Print) (First) Kathryn (Middle) Anne (Last) Coyne

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH Oct 26-1939

9. AGE last birthday 10 yrs. If under 1 year Months 6 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School child

10b. KIND OF BUSINESS OR INDUSTRY Student

11. BIRTHPLACE (State or foreign country) Scranton Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George F. Coyne

14. MOTHER'S MAIDEN NAME Marjorie Mulderig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT George F. Coyne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

929.4 Immediate cause (a) Asphyxia — Immediate

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pool

(CITY OR TOWN) Patuxent NAS, (COUNTY) St. Marys, (STATE) Md

TIME OF INJURY (Month) 5 (Day) 6 (Year) 50 (Hour) 5 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Drowned in pool.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Lexington Park, Md. DATE SIGNED 5/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF May 9-1950

NAME OF CEMETERY OR CREMATORY Holy Face

LOCATION (City, town, or county) Great Mills St Marys (State) Md

DATE REC'D BY LOCAL REG. 5/8/50

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Jos C. Maltingley ADDRESS Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05444

# CERTIFICATE OF DEATH

Reg. Dist. No. 2-81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avirett, Leonardtown; LENGTH OF STAY (in this place) 66 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Leonardtown; STREET ADDRESS (If rural, give location) Fresh Pond Neck Road

3. NAME OF DECEASED (Type or Print): (First) Gussie (Middle) (Last) Highlett

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: (Month) (Day) (Year) Unknown 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Damine

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Isabel Gibson

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X — Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 8 hours

83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal arteriosclerosis — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1949, to May 29, 1950, that I last saw the deceased alive on May 26, 1950, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: P J Bean (Degree or title) MD ADDRESS: Great Mills Md DATE SIGNED: 5/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: May 31/50 NAME OF CEMETERY OR CREMATORY: St Lukes Cemetery LOCATION (City, town, or county): Leonardtown (State): Md

DATE REC'D BY LOCAL REG.: May 29/50 REGISTRAR'S SIGNATURE: P J Bean MD

24. FUNERAL DIRECTOR: P B Robinson ADDRESS: Leonardtown Md

52086

VS-A15

RECEIVED
JUN 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05445

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | |
|---|---|
| 1. PLACE OF DEATH<br>COUNTY: St Marys<br>CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown<br>LENGTH OF STAY (In this place): 1 day<br>HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Marys Hospital | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE: Maryland<br>COUNTY: St Marys<br>CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Valley Lee (Rural)<br>STREET ADDRESS (If rural give location) |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Cecil David | (Middle) Infant | (Last) Hutchins | 4. DATE OF DEATH | (Month) May | (Day) 11 | (Year) 1950 | |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant | 8. DATE OF BIRTH: May 10 1950 | 9. AGE last birthday: — yrs. | If under 1 year: Months | Days: 2 | If under 24 hrs.: Hours | Min. |

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant | 10b. KIND OF BUSINESS OR INDUSTRY: Infant | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME: James Chester Hutchins | | 14. MOTHER'S MAIDEN NAME: ~~Theresa~~ Catherine Theresa Hosett | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO. | 17. INFORMANT: James Chester Hutchins | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac deformity & prematurity

7544 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 157e (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | | | |
|---|---|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from 5-10, 1950, to 5-11, 1950, that I last saw the deceased alive on 5-10, 1950, and that death occurred at 3.00 Am., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| O.J. Beany M.D. | Great Mills, Md. | 5-11-50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | May 12 1950 | St Georges cemetery | Valley Lee | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-11-50 | O.J. Beany M.D. | Jos C. Mattingley | Leonardtown Maryland |

2-0-5-10-0-19 2-34-2

VS. A15

RECEIVED
MAY 13 1950
BUREAU V. S.

05446

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Callaway
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| Sarah | Ann | Johnson | May 13 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | white | single | Aug 7-1949 | yrs. | 9 | 7 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Child | Child | Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| James Johnson | Ann Mae Winkle |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| no | no | | James Johnson |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 493x Immediate cause | (a) Pulmonary edema | minutes |
| 109 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Pneumonia | 1 week |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| none | none | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| none m. | | none |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| [signature] | MD | Lexington Park Md. | 5/13/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | May 15-1950 | St Aloysius | Leonardtown Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5/14/50 | [signature] | Jos C. Mattingley | Leonardtown Md |

2-0-2-07-9-21-3-40-R

RECEIVED
MAY 16 1950
BUREAU V. A.

05447

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 78

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abell
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abell
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Frank (Last) Lawrence

4. DATE OF DEATH (Month) 5 / (Day) 25 / (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 8/20/1887
9. AGE last birthday 62 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME William Lawrence
14. MOTHER'S MAIDEN NAME Rose Beitzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 217-16-7917
17. INFORMANT AND ADDRESS Grace G. Lawrence, Abell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 5/24/50 |
| 4221 Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) General Arteriosclerosis, Chronic Myocarditis | ? |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1950, to May 25, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 2:30 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alonzo C. Welch M.D.
ADDRESS Chaptico St. Marys Co. Md.
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/27/50
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) (State) Bushwood, Maryland

DATE REC'D BY LOCAL REG. 5/26/50
REGISTRAR'S SIGNATURE Camalies
24. FUNERAL DIRECTOR P.B. Robinson
ADDRESS Leonardtown, Md.

308 V9

RECEIVED
MAY 27 1950
BUREAU T. S.

05448

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Mason

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 1901
9. AGE last birthday 49 yrs. If under 1 year Months 5 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Hauling Coal
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Alice Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 215-18-0754
17. INFORMANT Mr Rosie E. Mason

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 2 days. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension and arteriosclerosis | 2 yrs. |
| | (c) | |

331x
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ none
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from May 2, 1950, to May 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 9.40 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Livingston Park, B.J. DATE SIGNED 5/5/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 6-1950
NAME OF CEMETERY OR CREMATORY Bethesda
LOCATION (City, town, or county) Valley Lee St Mary's (State) Md

DATE REC'D BY LOCAL REG. 5/5/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

98812

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
MAY 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

05449

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Marys River, PARK HALL, Md.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VA. COUNTY HARDY Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MATHIAS
STREET ADDRESS (If rural give location) RT. 1. Box 20

3. NAME OF DECEASED (Type or Print) (First) ARNOLD (Middle) L. (Last) MAY
4. DATE OF DEATH (Month) 5 (Day) 29 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 3-28-1915
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR
10b. KIND OF BUSINESS OR INDUSTRY SAW MILL
11. BIRTHPLACE (State or foreign country) MATHIAS, WEST VA.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W.#2
16. SOCIAL SECURITY NO. 236-14-2535
17. INFORMANT IVAN DELAWDER, ELLICOTT CITY Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia — immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to drowning

(c)

929.8

183

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River
(CITY OR TOWN) Park Hall, (COUNTY) St. Marys, (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 29 (Year) 50 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell into river while fishing

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE. (Degree or title) ADDRESS DATE SIGNED
[signature] Lexington Park, Md. 6/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6-2-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) MATHIAS, WEST VA.

DATE REC'D BY LOCAL REG. 6/1/50
REGISTRAR'S SIGNATURE Camalleis
24. FUNERAL DIRECTOR P. B. Robinson ADDRESS Leonardtown Md.

98804

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 5 1950
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

115450

Reg. Dist. No. 282

**1. PLACE OF DEATH**

County: St Marys

City or town: Clements

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Clements

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** Ella T. Nelson

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 8.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married |

6.(b) Name of husband or wife: A. Mills Nelson

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): March 16 1920

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 30 | 2 | 16 | hrs. min. |

9. Birthplace: Leonardtown St Marys Md (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER — 12. Name: Harry Thompson

13. Birthplace: Leonardtown Md

MOTHER — 14. Maiden name: Alice Downs

15. Birthplace: St Marys Co

16. Informant: A. Mills Nelson

Address: Clements Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof: June 2 1950 (month) (day) (year)

Cemetery or crematory: St Aloysius Cemetery

Location: Leonardtown Md

18. Funeral director: Jos C. Spalding

Address: Leonardtown Md

19. (Date rec'd by registrar) 6/1 1950 Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: May 31 1950, at 1 00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1950, to May 31 1950

and that I last saw h alive on 19

| Immediate cause of death | DURATION |
|---|---|
| Embolism Fulminating | |
| Due to: Eclampsia 2 hrs | |
| Due to: Pregnancy - 8 mos | |
| Other conditions: 642.3 1480 (Include pregnancy within 3 months of death) | |

Major findings of operation: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J Roy Gaither, M.D. (M. D. or other)

Address: Mechanicsville Date signed: 5/31/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

RECEIVED
JUN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05451

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY ST. MARYS — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEXINGTON PARK, RURAL — LENGTH OF STAY (in this place) 2-1-E
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEXINGTON PARK
STREET ADDRESS (If rural give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| JAMES | LUTHER | PEGG | MAY | 23 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | MARRIED | MARCH 22 1868 | 82 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| FARMER | OWNER | MARYLAND | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| JOHN PEGG | ELLEN KIRBY |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| NO | NONE | HERBERT PEGG |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 594 x Immediate cause | (a) Myocarditis | 3 years |
| 131 h Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Interstitial nephritis | 5 years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | | | |

22. I hereby certify that I attended the deceased from January 1945, to May 23 1950 that I last saw the deceased alive on 5-22, 1950, and that death occurred at 3.00 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| P.J. Beany | M.D. | Great Mills Md | 5-24-50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 5/25/50 | EBENEZER | CALIFORNIA Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-24-50 | P.J. Beany M.D. | JOS. C. HATTINGLEY | LEONARDTOWN Md. |

VS. A15

RECEIVED
MAY 26 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

05452

Reg. Dist. No. 2-12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Mary's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Grove; LENGTH OF STAY (in this place) 5 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Pilkerton

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: about 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on farm

10b. KIND OF BUSINESS OR INDUSTRY: Farm hand

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Pilkerton

14. MOTHER'S MAIDEN NAME: Mary Jarboe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Robert Pilkerton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155 X — Immediate cause (a) Uremic poisoning, cachexia — Interval between onset and death: 3 wks

46 f — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, ? probable origin in liver — 1 year

(c) with metastasis to lungs & abdominal viscera

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Read Stone - ?

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to May 4, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Smythe, M.D. ADDRESS Mechanicsville DATE SIGNED 5/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 7, 1950 — NAME OF CEMETERY OR CREMATORY: Mount Zion — LOCATION (City, town, or county) (State): Laurel Grove Md

DATE REC'D BY LOCAL REG. 5/9/50 — REGISTRAR'S SIGNATURE: Canales

24. FUNERAL DIRECTOR: Jos C. Mattingley — ADDRESS: Leonardtown Md

46 f 6

RECEIVED
MAY 9 1950
U.S. PATENT OFFICE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

05453

Reg. Dist. No. 281

1. PLACE OF DEATH — COUNTY: St Mary — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) May (Last) Price

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: May 8-1903
9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days 19 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Grover Gordon
14. MOTHER'S MAIDEN NAME: Ellen Barber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Claude Price

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

171x Immediate cause (a) Carcinoma of Cervix

48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with metastasis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1950, to 5/28, 1950, that I last saw the deceased alive on 5/27, 1950, and that death occurred at 4.00 P.m., from the causes and on the date stated above.

SIGNATURE: E. X. Thompson (Degree or title) M.D. — ADDRESS: Lexington Park — DATE SIGNED: 5/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 30-1950 — NAME OF CEMETERY OR CREMATORY: Holy Face — LOCATION (City, town, or county): Great Mills (State): Md

DATE REC'D BY LOCAL REG.: 5-29-50 — REGISTRAR'S SIGNATURE: P.J. Beary M.D. — 24. FUNERAL DIRECTOR: Joe C. Mattingley — ADDRESS: 52086 Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

05454

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 2X2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary Naval Air Sta

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY Middlesex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perth Amboy
STREET ADDRESS (If rural give location) 131 Brighton ave.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Margaret | Elizabeth | Reilly | May | 28 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | June 8 1896 | 53 yrs. | 10 | 11 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| House Wife | None | New Jersey | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Michael Kennedy | Margaret Morris |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknowo) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| Yes | — | John Anero Lavettae |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Coronary Occlusion — Indefinite

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension and Arteriosclerosis

420.1 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| None | None | — | — | — |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| None m. | | — |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| [signature] | MD | W. Leigh Rd | 5/28/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | June 1-1950 | St Mary's | Perth Amboy | New Jersey |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5/28/50 | [signature] | Jos C. Mattingly | Leonardtown Md |

RECEIVED
MAY 30 1950
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05455

# CERTIFICATE OF DEATH

Reg. Dist. No. 284

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: St. Mary's County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlotte Hall
LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 827 N. Linwood Avenue.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Henry (Last) Scott Jr.

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: W - US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 18, 1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Harness and Saddle Maker

10b. KIND OF BUSINESS OR INDUSTRY: Harness Manufacturer.

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Henry Scott, Sr.

14. MOTHER'S MAIDEN NAME: Mary Linthicum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: William H. Scott (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 15/x | Immediate cause | (a) Carcinoma of the Stomach | 4 months |
| 46b | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized Arterio-Sclerosis | 10 years. |
| | | (c) Hemorrhage, Secondary to Gastric Carcinoma | 48 hours. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from May 4, 1950, to May 8, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 4 00 A.m., from the causes and on the date stated above.

SIGNATURE: John H. Griffin, M. D. (Degree or title) — ADDRESS: Hughesville, Charles Co. — DATE SIGNED: 5/8/50

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE: May 10 '50 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: May 8, 1950 — REGISTRAR'S SIGNATURE: Eleanor S. Carter

24. FUNERAL DIRECTOR: Schimunek — ADDRESS: E. 26 Madison Ave. Baltimore, Md.

49620

RECEIVED
MAY 9 1950
BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

change 9 on

FILM No. G 126 MAY 16 1950

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05456

Reg. Dist. No. 282

**1. PLACE OF DEATH**
COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
MARYLAND
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland
COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print): (First) JAMES (Middle) ALEXANDER (Last) WILKINSON

**4. DATE OF DEATH**: (Month) MAY (Day) 9 (Year) 1950

**5. SEX**: MALE

**6. COLOR OR RACE**: WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED

**8. DATE OF BIRTH**: JUNE 3 1906

**9. AGE last birthday**: 43 yrs. If under 1 year: Months 11, Days 6, Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): CARPENTER

**10b. KIND OF BUSINESS OR INDUSTRY**: CONTRACTOR

**11. BIRTHPLACE** (State or foreign country): PENNSYLVANIA

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: George A. Wilkinson

**14. MOTHER'S MAIDEN NAME**: May Tarbet

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): —

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT**: CATHERINE MARIE BENNETT

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 916.0 **Immediate cause** | (a) Cerebral Hemorrhage 3° hours | minutes |
| 180 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

**19a. DATE OF OPERATION**: none

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☒

**21. EXTERNAL CAUSE WAS** PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Leonardtown (COUNTY): St. Marys (STATE): Md.

TIME OF INJURY (Month) 5 (Day) 9 (Year) 50 (Hour) 12 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Home burned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John L. Lowe (Degree or title) M.D. ADDRESS: Leonardtown, Md. DATE SIGNED: 5/10/50

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial
DATE THEREOF: 5/12/50
NAME OF CEMETERY OR CREMATORY: St. Aloysius
LOCATION (City, town, or county) (State): Leonardtown, Md.

DATE REC'D BY LOCAL REG.: 5/10/50
REGISTRAR'S SIGNATURE: Emma Rice

**24. FUNERAL DIRECTOR**: Joseph C. Mattingley ADDRESS: Leonardtown

308V9

RECEIVED
MAY 12 1950
BUREAU V. S.